1441470

## **FORM D**

**UNITED STATES** SECURITIES AND EXCHANGE COMMISSION

Received SEC

JUL 28 2008

Washington, D.C. 20549

### FORM D

## **NOTICE OF SALE OF SECURITIES** PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** Washington, DC 20549 UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL						
OMB Num	ber:	32	35-0076			
Expires: Estimated	Apri	130.	2008			
Estimated	avera	je bu	den			
hours per re						

SEC USE ONLY							
Prefix	Serial						
DATE RECEIVED							
1	1						

Address of Executive Offices (Number and Street, City, State, Zip Code)  1382 E 18th St. Brooklyn, NY 11230  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230  1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230  Brief Description of Business  Sale and Distribution of Computor Totorial CD's.  Type of Business Organization  Corporation  Imited partnership, already formed business trust  Imited partnership, to be formed  Month  Month  Month  Year  Telephone Number (Including Area Code)  646-753-1906  646-753-1906  646-753-1906		
Rule 505   Rule 506   Section 4(6)   ULOE		
A. BASIC IDENTIFICATION DATA    A. BASIC IDENTIFICATION DATA	Rescue Vultures, Inc. \$100,000 Common Stock par value \$0.0001	Per Share, 2,000,000 Commo Stock at \$0.05 per share
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer (   check if this is an amendment and name has changed, and indicate change.)  Rescue Vultures, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  1382 E 18th St. Brooklyn, NY 11230  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  if different from Executive Offices)  1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code)  if different from Executive Offices)  1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230  Brief Description of Business  Sale and Distribution of Computor Totorial CD's.  PROCESSED  other (please specify):    Jul 3 0 2008	Filing Under (Check box(es) that apply): Rule 504 📝 Rule 505 📝	Rule 506 [7] Section 4(6) [7] ULOE
I. Enter the information requested about the issuer  Name of Issuer (   check if this is an amendment and name has changed, and indicate change.)  Rescue Vultures, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  1382 E 18th St. Brooklyn, NY 11230 (Address of Principal Business Operations (Number and Street, City, State, Zip Code)  1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (Address of Principal Business Operations (Number and Street, City, State, Zip Code)  1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (Address of Principal Business)  1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (Address of Principal Business)  1384 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (Address of Principal Business)  1385 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (Address of Principal Business)  1386 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (Address of Principal Business)  1387 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (Address of Principal Business)  1388 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (Address of Principal Business)  1380 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (Address of Principal Business)  1381 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 Brooklyn, NY 11230 Brooklyn, NY 11230 Address of Principal Business (Address of Executive Offices)  1382 E 18th St. Brooklyn, NY 11230 Brooklyn,	Type of Filing:	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Rescue Vultures, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  1382 E 18th St. Brooklyn, NY 11230  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  If different from Executive Offices)  1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230  Brief Description of Business  Sale and Distribution of Computor Totorial CD's.  Representation imited partnership, already formed business strust imited partnership, to be formed  Month Year	A. BASIC IDENTII	TCATION DATA
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 1382 E 18th St. Brooklyn, NY 11230 646-753-1906 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) if different from Executive Offices) 7182 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 646-753-1906 Brief Description of Business Sale and Distribution of Computor Totorial CD's.    State	1. Enter the information requested about the issuer	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 1382 E 18th St. Brooklyn, NY 11230 (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (646-753-1906) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (646-753-1906) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (646-753-1906) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (646-753-1906) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (646-753-1906) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (646-753-1906) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (646-753-1906) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (646-753-1906) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (646-753-1906) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (646-753-1906) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (646-753-1906) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (646-753-1906) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (646-753-1906) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (646-753-1906) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (646-753-1906) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (646-753-1906) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (646-753-1906) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (646-753-1906) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (646-753-1906) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (646-753-1906) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (646-753-1906) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (646-753-1906) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (646-753-1906) 1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230 (646-753-1906) 1382 E 18th St. Brooklyn,	Name of Issuer ( check if this is an amendment and name has changed, an	d indicate change.)
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code)  Telephone Number (Including Area Code)  646-753-1906  646-753-1908  646-753-1908  646-753-1908  Frief Description of Business  Sale and Distribution of Computor Totorial CD's.  Fype of Business Organization  Corporation  Itimited partnership, already formed business trust  Itimited partnership, to be formed  Month  Month  Year	Rescue Vultures, Inc.	08053502
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  If different from Executive Offices)  1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230  Brief Description of Business  Sale and Distribution of Computor Totorial CD's.  Type of Business Organization  Organization  Itimited partnership, already formed business trust    Itimited partnership, to be formed   Month Year   Month Year   Month Year      Telephone Number (Including Area Code)   Telephone Number (Including Area Code)   Telephone Number (Including Area Code)   Address of Principal Business (Including Area Code)   Address of Principal Business (Including Area Code)   Telephone Number (Including Area Code)   Address of Principal Business (Including	Address of Executive Offices (Number and Street	t, City, State, Zip Code) Telephone Number (Including Area Code)
If different from Executive Offices)  1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230  Brief Description of Business  Sale and Distribution of Computor Totorial CD's.  Type of Business Organization  Organization  Itimited partnership, already formed business trust  Month Year    Month Year   Month	1382 E 18th St. Brooklyn, NY 11230	646-753-1906
1382 E 18th St. Brooklyn, NY 11230 Brooklyn, NY 11230  Brief Description of Business  Sale and Distribution of Computor Totorial CD's.  Type of Business Organization  Organization  Itimited partnership, already formed business trust  Month Year    Month Year		et, City, State, Zip Code) Telephone Number (Including Area Code)
Brief Description of Business  Sale and Distribution of Computer Totorial CD's.  Type of Business Organization  Type of Busi	•	540 750 4000
Sale and Distribution of Computor Totorial CD's.    Type of Business Organization		646-753-1906
Type of Business Organization Corporation Dusiness trust Corporation Dusiness Organization Dusin		
business trust   limited partnership, to be formed   JUL 302008	Sale and Distribution of Computer Totorial CD's.	
business trust   limited partnership, to be formed   JUL 302008	Type of Business Organization	PROCESSED
business trust limited partnership, to be formed  Month Year	71	ed other (please specify):
Month Year		
	Month Vear	
retual of Califiatea Date of interpolation of Organization. 11160 1 11181 12181 12 12 12 12 12 12 12 12 12 12 12 12 12	Actual or Estimated Date of Incorporation or Organization: 018	Actual Estimated
Actual or Estimated Date of Incorporation or Organization: OI6 OI8 DIB Actual Estimated  [urisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  [Ch. 6a Coordo, P.) for other foreign institution.	. • • • • • • • • • • • • • • • • • • •	vice abbreviation for State: IHOMSON RELITED
CN for Canada; FN for other foreign jurisdiction)	CN for Canada; FN for other i	oreign jurisdiction)

#### GENERAL INSTRUCTIONS

#### Federal.

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Promoter Director Managing Partner Full Name (Last name first, if individual) Leo Ehrlich Business or Residence Address (Number and Street, City, State, Zip Code) 1222 Ave. M Suite 306 Brooklyn, NY 11230 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name tirst, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Executive Officer Check Box(es) that Apply: ☐ Beneficial Owner ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer ☐ Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					В. П	NFORMAT	ION ABOU	T OFFERI	NG		•		· · ·
_	. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No		
1.	Answer also in Appendix, Column 2, if filing under ULOE.										K		
2.											c 500.00		
										Yes	No		
3.	Does the offering permit joint ownership of a single unit?												
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (3) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful	l Name (	Last name	first, if indi	ividual)					-				
Bus	siness or	Residence	Address (N	lumber and	d Street, C	ity, State, 2	Cip Code)	, <del></del> ,			<u> </u>		
Na	me of As	sociated Br	oker or Dea	aler	·	<del></del>						<del></del>	
Sta	tes in Wi	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)		**************		****************	*************		☐ AI	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR (KS) NH) TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (	Last name	first, if indi	ividual)			<del></del>	· · · · · · · · · · · · · · · · · · ·			<del></del>		<del></del>
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)						
Nar	me of As	sociated Br	oker or De	aler						<del></del>			
Sta	tes in Wi	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			<del></del>			
	(Check	"All States	or check	individual	States)		************		**********	**********		☐ AI	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	EL MI OH WY	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (	Last name	first, if indi	ividual)									
Bus	sin <b>e</b> ss or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Nai	me of As	sociated Bi	oker or De	aler		<del> </del>				·····		<del>*</del>	
Sta			Listed Has										· · · · · · · · · · · · · · · · · · ·
	(Check	"All State:	s" or check	individual	States)				****************			☐ A!	1 States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	FL, MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	k 1	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		s
	Equity	\$ 100,000.00	\$ 0.00
	Common Preferred		
	Convertible Securities (including warrants)	s	<b>s</b>
	Partnership Interests	\$	
	Other (Specify)		
	Total	\$_100,000.00	s_0.00
	Answer also in Appendix, Column 3, if filing under ULOE,		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	2	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$ 0.00
	Non-accredited Investors		\$ 0.00
			s 0.00
	Total (for filings under Rule 504 only)	<u> </u>	3_0.00
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	•	P.W. A
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	-	\$ 0.00
	Regulation A		\$ 0.00
	Rule 504		\$ 0.00
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		-
	Transfer Agent's Fees	<b>Z</b>	s 2,500.00
	Printing and Engraving Costs	<del></del>	~ 2.000.00
	Legal Fees		\$ 15,000.00
	Accounting Fees		\$ 8,500.00
	Engineering Fees	<del>-</del>	\$ 0.00
	Sales Commissions (specify finders' fees separately)	-	\$ 0.00
	Other Expenses (identify)	<del>-</del>	• 0.00
	Total		\$ 28,000.00
	· Vidi		·

b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."  5. Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.  Payments Officers Directors, Affiliates	s
and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."  Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.  Payments Officers Directors,	s
each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.  Payments Officers Directors,	
Officers Directors,	
Affiliales	s, , & Payments to
Salaries and fees	[] \$
Purchase of real estate	<b></b> \$
Purchase, rental or leasing and installation of machinery and equipment	[ \$
Construction or leasing of plant buildings and facilities	
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□s
Repayment of indebtedness	<del></del>
Working capital \$	
Other (specify):	
	<b>-</b>
	<b></b> \$
Column Totals	s0.00
Total Payments Listed (column totals added)	\$_0.00
D. FEDERAL SIGNATURE	
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed undersignature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon whe information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	er Rule 505, the following vritten request of its staff,
	y 3, 2008
Name of Signer (Print or Type)  Title of Signer (Print or Type)  BARRETT EHRLICH President CEO, Trensurer, Se	ecretary

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE							
1	I. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No □					
	See Appendix, Column 5, for state response.							

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
RESCUE VULTURES, INC.	Ballatt Eldlich. July 3, 2008
Name (Print or Type)	Title (Print or Type)
BARRETT EHRLICH	President, CEO, Treasurer Secretary

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

								1		
1	2 3				4					
			Type of security						ification ate ULOE	
		to sell	and aggregate		_			(if yes,	attach	
		ccredited s in State	offering price offered in state			investor and rchased in State			ation of granted)	
		-Item 1)	(Part C-Item 1)			C-Item 2)		(Part E-	Item 1)	
				Number of		Number of				
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No	
<b> </b>	163			THVCSLOTS	Amount	IIIVESTOIS	Amount	1.63	110	
AL	<u> </u>	×								
AK		×						<u></u>		
AZ		У								
AR		X						1		
CA		X								
со		X								
СТ	1	X								
DE		メ								
DC		X								
FL		X								
GA		X								
ні		メ								
ID		人								
IL		X								
IN		У						1		
IA		X						1	[	
KS		X								
KY		X								
LA		X								
МЕ		X							$ oxedsymbol{ ext{T}} $	
MD		X						<u> </u>		
МА		×								
МІ		X								
MN		Х								
MS		X	• • • • • • • • • • • • • • • • • • • •							
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APPENDIX

				APP	ENDIX					
1	Type of security and aggregate offering price investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)				4  Type of investor and amount purchased in State  (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО		X								
MT		X								
NE		X								
NV		X								
NH		X								
NJ		X		·						
NM		X		-						
NY	Х		2,000,000 COMMON SHARES	15	\$40,000	25	\$ 60,000		X	
NC		×								
ND		χ								
ОН		X	<u> </u>							
ОК		Х	<del> </del>							
OR		Х								
PA		Х							,	
RI		<u> </u>								
sc		火								
SD		Х					<del> </del>			
TN		X								
тх		×								
UT		У								
VT		Х						<u></u>		
VA		X								
WA		<u>×</u>								
wv		X								
wı		X								

				APP	ENDIX					
1		2	3		4					
	to non-a	d to sell accredited rs in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				lification ate ULOE , attach ation of granted) -Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY		X								
PR		Х								

